

JUDGES' CRIMINAL JUSTICE/MENTAL HEALTH LEADERSHIP INITIATIVE

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newsletter

Winter 2005

Is Your Court Trauma-Informed?

There is growing awareness that trauma-related experiences, especially the interpersonal violence of physical and sexual abuse, need to be taken into consideration by the criminal justice system and related human services. Trauma is pervasive in the lives of people who have contact with the justice system. Rates of physical and sexual abuse in jail and prison populations have generally been found to be at least twice as high as in the general population. Among some groups likely to be justice-involved—for example, women with co-occurring mental and substance use disorders and histories of homelessness—histories of violent victimization are nearly universal. In addition, the more we learn about trauma, the more risks we find associated with the experiences of interpersonal abuse. Related risks include not only posttraumatic stress disorder but also generalized anxiety and hostility, substance abuse problems, difficulties with interpersonal relationships, HIV-risk behaviors, and physical health concerns, among many others. Further, trauma's impact may well be as deep as it is broad. Ways of coping with prolonged trauma often become deeply ingrained in perceptions of other people and the world as dangerous and of oneself as fundamentally flawed. It is not surprising, then, that trauma affects many survivors' capacity to trust and participate in service programs. Finally, it is especially important to recognize trauma in the justice system because of the "cycle of violence"—violent trauma is frequently self-perpetuating. Individuals who are victims of violence are at increased risk for becoming perpetrators as well as for being revictimized; childhood abuse or neglect greatly increases the likelihood of arrest, both as a juvenile and as an adult.

In response to this heightened recognition of the pervasiveness and profound consequences of trauma, many programs, including criminal justice systems, have made "trauma-informed" modifications in their usual operations. That is, they have begun to incorporate an understanding of trauma and trauma recovery into all aspects of service delivery, making these systems more engaging for trauma survivors and minimizing the possibility of revictimization. Such approaches follow several key principles: ensuring

physical and emotional safety; prioritizing consumer choice and control wherever possible; making tasks and interpersonal boundaries clear; maximizing collaboration; and focusing on skill-building. Evidence from the mental health and substance abuse service systems suggests

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Message from the Co-Chairs

Since the first issue of the *Judges' Leadership Initiative (JLI) Newsletter* last June, the JLI has continued to advance its mission of providing members of the judiciary who are committed to improving their mental health/criminal justice systems with the best current research and information and reaching out to other members of the judiciary who may be getting involved in these issues for the first time.

Through the efforts of the National GAINS Center and the Council of State Governments, the JLI successfully convened over 80 judges in a meeting at the June 20-22 *Mental Health Courts and Beyond* conference. Judges networked, learned more about innovations in courts' response to individuals with mental illness, and provided feedback on the direction of the Initiative. Outcomes of the meeting included the formation of the JLI Advisory Committee (which held its first meeting on December 6, 2005); the development of a JLI listserv to connect participants and serve as a vehicle for information and discussion; preliminary development of a JLI website and print resources; and planning for a series of innovative events for judges at the 2006 GAINS National Conference, being held April 5-7 in Boston, MA. As the Co-Chairs of this initiative, we renew our commitment to its goals and commend GAINS and CSG for their work.

This newsletter features an article on the high prevalence of trauma among the criminal justice population. Trauma among individuals with mental illness affects their response to the court and the criminal justice system. The impact

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research update

MacArthur Mental Health Court Study

A multi-site longitudinal study on Mental Health Courts (MHCs) is now being conducted, led by Drs. Henry J. Steadman and Allison D. Redlich from Policy Research Associates (parent company of the National GAINS Center). The prospective, 24-month longitudinal study, sponsored by the John D. and Catherine T. MacArthur Foundation via the Research Network on Community Mandated Treatment, includes four MHCs samples and four same-site treatment-as-usual samples. Selected sites include: Santa Clara Co., CA; San Francisco Co., CA; Hennepin Co., MN; and Marion Co., IN (see below). During the summer of 2005, final study details were established, on-site research teams were assembled, and interviewers were hired and trained. Data collection is now underway at three of the sites.

Originally, Orleans Parish, LA, was selected to serve as one of the four data collection sites. Due to devastation caused by Hurricane Katrina, the community is not able to participate in the research. The researchers wish to recognize the Orleans Parish MHC and Jail staff and their research partners at Tulane University for all of their hard work and cooperation. In their place, the Marion County, IN (Indianapolis) MHC will be a site. Study logistics are under development, with the goal of beginning data collection there in early 2006.

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that adopting a trauma-informed model can be part of significantly enhancing the effectiveness of services.

Trauma-informed systems also ensure that survivors can address histories of violent victimization *directly* via accessible services whose primary goal is to focus on trauma and to facilitate trauma recovery. Many of these “trauma-specific” services are fully manualized and share common elements, combining psychoeducation and cognitive-behavioral techniques to help people cope more effectively with the impact of trauma in their current lives. These models have been implemented individually and/or in groups and in a wide range of settings, including jails and prisons. A growing evidence base supports the effectiveness of many trauma-specific approaches in reducing mental health symptoms (including PTSD) and substance abuse problems while increasing coping skills.

Jail diversion programs, including mental health and drug courts may benefit significantly, then, by adopting more trauma-informed approaches in all their tasks and by ensuring that people who have contact with the justice system have ready access to effective trauma-specific services as well. ■

Roger D. Fallot, PhD

Community Connections; Washington, DC

Key Publications from GAINS TAPA and The Consensus Project

- ***Essential Elements of Mental Health Courts (CJ/MH CP)*** CSG has released the most recent draft edition of *The Essential Elements of a Mental Health Court* online at <http://consensusproject.org/mhcourts>. The *Essential Elements* was first presented at a national conference of the Bureau of Justice Assistance (BJA) Mental Health Courts Program (MHCP) grantees in Cincinnati in January, 2004. Based on comments at that meeting, the document was revised considerably. The second edition was made available online. Through a Web forum, court officials, mental health service providers and advocates, and mental health court practitioners offered comments on this second version of the *Elements*.

While the document has gone through a rigorous revision process, it remains a draft and has yet to be approved by the U.S. Department of Justice (DOJ), although BJA officials are currently conducting their review. Until this process is complete, the version referenced above remains a draft only and does not reflect the position of DOJ.

For more information, call Denise Tomasini at 646-383-5715.
- ***Enhancing Success of Police-Based Diversion Models for People with Mental Illness*** draws upon the experiences of criminal justice agencies which have adopted the CIT or co-response models of pre-booking diversion to examine barriers to program success and maintaining programs over time and strategies for enhancing and measuring program success.

Call GAINS TAPA at 866-518-8272 to request a copy.
- ***Non-Specialty First Appearance Court Models for Diverting Persons with Mental Illness: Alternatives to Mental Health Courts*** provides an alternative model that courts can use to improve the processing of persons with mental illness. The model focuses on two crucial decision points immediately following arrest: the pretrial release decision and the decision to defer from prosecution. By changing how those decisions are made and the timing of those decision, this model has helped numerous jurisdictions handle cases involving defendants with mental illness in an efficient and humane manner without the creation of a separate court part or calendar.

Call GAINS TAPA at 866-518-8272 to request a copy.

funding updates

Mentally Ill Offender Treatment and Crime Reduction Act

On November 4, conferees for the FY 2006 Science, State, Justice Appropriations Bill (H.R. 2862) approved \$5 million for the Mentally Ill Offender Treatment and Crime Reduction Act. The appropriations bill now heads to the President's desk for his signature. Signed into law in 2004, the Mentally Ill Offender Treatment and Crime Reduction Act (S. 1194) authorizes a Federal grant program for states and counties to expand prisoners' access to mental health treatment while incarcerated and upon re-entry into the community, establish more mental health courts, provide additional resources for pre-trial jail diversion programs and related initiatives, and fund cross-training for law enforcement officials and mental health personnel dealing with adult and juvenile offenders with mental illness. Visit <http://consensusproject.org/> for more information.

Bureau of Justice Assistance Mental Health Court Solicitation

The Bureau of Justice Assistance (BJA) will soon announce a solicitation for the funding of a single mental health court. The solicitation is expected to be similar to past solicitations found at: <http://www.ojp.usdoj.gov/fundopps.htm>, and will provide \$150,000 over 2 years. Visit the BJA website for updates, at <http://www.ojp.usdoj.gov/BJA/>.

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of traumatic experiences may have a lasting negative effect on individuals' ability to manage their daily lives. Responses developed to cope with the trauma may be perceived as hostile or antisocial and can impact individuals' responses to the stress of the court process. The article describes how criminal justice programs, especially mental health courts and other diversion programs, can develop more "trauma-informed" approaches to serving this population.

Both the TAPA Center and the Council for State Governments have developed trauma resources for courts, including a one-day training and action planning session for jail diversion programs and mental health courts. We encourage you to make use of these and other resources as you address issues of trauma and mental illness within your court.

Hon. Evelyn Stratton

Associate Justice, Supreme Court of Ohio

Hon. Steven Leifman

Associate Administrative Judge, Miami-Dade County Court Criminal Division

Spotlight On...



The Bronx Mental Health Court (BMHC)

The Bronx District Attorney, with Education and Assistance Corporation-TASC, RTI International, and community partners, developed the Bronx Mental Health Court (BMHC) through a consensus process in 2001. The BMHC targets defendants with serious mental illness charged with felony offenses, or persistent misdemeanants, within an alternative-to-incarceration, deferred sentencing paradigm. The program has focused particularly on cultural competency for Bronx's Hispanic/Latino(a) and African American communities.

A clinical team made up of psychiatrists, psychologists, master's level case managers, and peers serves BMHC participants. The court addresses gaps in services by supplementing community resources with intensive case management, psychiatric consultation liaison to the community providers, peer and staff run groups led jointly with providers, and with monitoring for the Court. Additionally, the BMHC targets individuals at high risk for HIV and Hepatitis C and is providing HIV prevention services both directly and through linkage to community-based programs.

Since its inception, over 200 offenders have been diverted and, of these, 87% are of the minority population. The program has an over 75% retention rate at one year and an informal study of the program's first 57 participants found that 2/3 of the participants successfully completed the program with only 1 participant re-arrested during the monitoring period.

Building on this success, and with support from the community and the Federal government, the court is now widening its target population to include misdemeanor defendants with mental illness. While the clinical condition of these new defendants may be similar to those served by the court to date, the court's reduced coercive power (resulting from the lesser criminal charges) necessitates some program modification. Diversion must occur quickly and the promotion of engagement in services must be a key priority. Critical modifications will include daily screenings in the misdemeanor court parts with immediate feedback to criminal justice personnel and the promotion of engagement through the provision of a nationally accepted skills training program called Illness Management and Recovery.

Further information about BMHC is available by contacting the program at 718-538-7416.

What the Research Says...

Highlights from recent articles and publications:

Re-arrest and Linkage to Mental Health Services Among Clients of the Clark County Mental Health Court Program

Herinckx, H.A., Swart, S.C., Ama, S.M., Dolezal, C.D., King, S. (2005). *Psychiatric Services* 56(7): 853-857.

This study examined the effectiveness of the Clark County, WA, Mental Health Court Program in linking clients to mental health services and reducing criminal justice recidivism. By analyzing mental health service use and re-arrest data in the 12 months prior to enrollment in the Clark County Mental Health Court Program and in the 12 months after enrollment, the researchers found that 54% of program participants had no arrests and probation violations were reduced by 62%. Compared to the 12 months prior to enrollment, participants enrolled in the mental health court received more hours of case management and medication management with more days of outpatient services. Participants used less crisis services and inpatient treatment than in the year prior to enrollment. Graduation status from the Mental Health Court program was the most significant factor for success, with graduates 3.7 times less likely to re-offend than non-graduates.

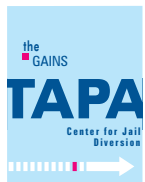
Efficacy of a Mental Health Treatment Court with Assertive Community Treatment

Cosden, M., Ellens, J., Schnell, J., Yamini-Douf, Y. (2005). *Behavioral Sciences and the Law* 23(2): 199-214.

In this paper the researchers examined whether participation in a Mental Health Treatment Court with Assertive Community Treatment would result in reduced criminal activity, improved independent functioning, improved life satisfaction, reduced psychological distress, and reduced substance abuse problems. Participants were assigned to the Mental Health Treatment Court or treatment-as-usual for 18 months of treatment with an additional 6 months allowed for follow-up. Participants in the Mental Health Treatment Court were adults with a serious mental illness charged with either a felony or misdemeanor. A prior history of violence was not a criterion for disqualification. Criminal recidivism was reduced and psychosocial functioning improved for both the Mental Health Treatment Court and treatment-as-usual groups.

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The Judges' Criminal Justice/Mental Health Leadership Initiative Newsletter is published by the National GAINS Technical Assistance and Policy Analysis (TAPA) Center for Jail Diversion and the Criminal Justice / Mental Health Consensus Project.



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on the docket

National Association of Court Management

2006 Midyear Conference
The Broadmoor • Boulder, CO
January 29-31, 2006
www.nacmnet.org

American Bar Association

Mid Year Meeting
Hyatt Regency Chicago
Chicago, IL
February 8-13, 2006
www.abanet.org

National Council of Juvenile and Family Court Judges

33rd National Conference on Juvenile Justice
Hyatt Denver Convention Center Hotel
Denver, CO
March 26-29, 2006
www.ncjfcj.org

The National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness

2006 National Conference
Park Plaza Hotel
Boston, MA
April 5-7, 2006
www.gainscenter.samhsa.gov

National Judicial College

Reno, NV
Practical Approaches to Substance Abuse Issues
April 24, 2006
Co-Occurring Mental and Substance Use Disorders
September 11, 2006
Managing Cases Involving Persons with Mental Disabilities
October 18, 2006
www.judges.org